

NOTE: The Continuing Education information (on other side) MUST be completed and returned with renewal form.

NAME _____

LICENSE # _____

PLEASE PRINT

DETAILED WORK HISTORY FORM FOR LATE OR INACTIVE RENEWALS ONLY

Before your renewal request can be processed, the Board of Nursing will need additional information regarding your nursing practice since the expiration date of your license. Please complete the form below which includes:

- A listing of all employers since the expiration date
- Employer address & phone number
- Dates of employment; and
- Job duties for each employer listed

Account for all time since the expiration date, including time that you were not employed.

If you are currently employed as a nurse, you must cease the practice of nursing in the State of Arkansas until you have a valid license to do so. If you have any questions, contact Deborah Jones, RN, MNSc, ASBN Program Coordinator, 501.686.2788.

Date of Employment From To		Employer - Address - Phone	Detail description of specific job duties

Continue on additional paper if needed.

Does your current position/employer require a nursing license to fulfill your duties?

___ Yes ___ No

Have you signed RN, LPN, LPTN, RNP, ANP, CRNA, CNM, CNS, or APN after your name since your license expired?

___ Yes ___ No

Have you worked on this nursing license in the State of Arkansas since it expired?

___ Yes ___ No

Have you worked in a compact state on your Arkansas nursing license since the expiration date?

___ Yes ___ No

If you moved to Arkansas from a compact state, what date was the first day you worked after you moved your residence to Arkansas?

Date _____

Have you worked for a federal employer on your Arkansas nursing license since the expiration date?

___ Yes ___ No

Have you met the continuing education requirements?

___ Yes ___ No

Nurse's Signature _____ Day Phone _____ Date _____